

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				<b>TRANSCRIPT ORDER</b> Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.								COURT USE ONLY <b>DUE DATE:</b>			
1a. CONTACT PERSON FOR THIS ORDER <b>Jennifer Hiwa</b>				2a. CONTACT PHONE NUMBER <b>(415) 772-7412</b>				3. CONTACT EMAIL ADDRESS <b>jhiwa@sidley.com</b>							
1b. ATTORNEY NAME (if different) <b>Sheila A.G. Armbrust</b>				2b. ATTORNEY PHONE NUMBER <b>(415) 772-1200</b>				3. ATTORNEY EMAIL ADDRESS <b>sarmbrust@sidley.com</b>							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) <b>SIDLEY AUSTIN LLP 555 California Street, Suite 2000 San Francisco, CA 94104</b>						5. CASE NAME <b>Smith-Washington, et al. v. TaxAct, Inc.</b>						6. CASE NUMBER <b>3:23-cv-830 VC</b>			
7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR <b>Stephen Franklin; Zoom Hearing at 2:00 pm for 45 min</b>						8. THIS TRANSCRIPT ORDER IS FOR:  <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u>									
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
12/05/2024	VC	MTN		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: Please contact Jennifer Hiwa at jhiwa@sidley.com with the estimate cost of the transcript if pre-payment is required.															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).														12. DATE	
11. SIGNATURE <b>/s/Sheila A.G. Armbrust</b>														12/10/2024	

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